

**IN THE UNITED STATES DISTRICT COURT  
FOR THE DISTRICT OF DELAWARE**

JACQUELINE D. BERRY,	:	
	:	
Plaintiff,	:	
	:	
v.	:	C.A.No. 06-217-GMS
	:	
STATE OF DELAWARE,	:	
DIVISION OF CHILD SUPPORT,	:	
	:	
Defendant.	:	

**1st SET OF INTERROGATORIES DIRECTED TO PLAINTIFF**

Defendant hereby request Plaintiff fully answer, in writing and under oath, each of the following interrogatories within 30 days of receipt pursuant to Fed.R.Civ.P. 33. These interrogatories are continuing and the information requested must be kept current by supplementation.

As used in these interrogatories, “you” or “yours” means and refers to the Plaintiff, her attorney(s) and their agents and employees.

**INTERROGATORIES**

1. Identify by name, address, and telephone number all persons with knowledge of the facts as to each allegation as set out in your complaint(s) and identify those persons that have been interviewed on your behalf and as to the interview, state: the date, the location, the subject matter and any documents discussed, identified or provided by that person.

Answer:

2. Identify each and all documents or other items of evidence that you intend to use in this lawsuit, for any purpose, including, but not limited to cross-examination, during any pretrial or trial proceedings.

Answer:

3. For each allegation you are presenting in this matter, state with particularity and specificity (please provide the complete details including dates, times, and locations) the complete factual basis for each allegation and identify all persons having knowledge as well as each and all documents or other items of evidence in your possession that relate to each claim.

Answer:

4. Identify in chronological order all health care providers (e.g. doctors, dentists, physicians, surgeons, therapists, etc.) that have treated or examined you in the last 20 years and provide the dates of service or treatment, the nature of any treatment or examination and the result of each treatment or examination.

Answer:

5. State and identify by names of parties, court or administrative body and case number all lawsuits or legal proceedings, at law or equity, of any nature in which you were a party and the disposition of that matter.

Answer:

6. Identify by name, address, phone number, location, date and persons present, all individuals that have been interviewed by you in connection with this matter and whether any documents or memorandum were prepared relating to that interview.

Answer:

7. Identify each and all photographs, videotapes, audio tapes or any other form of recording media that relate to this matter, and state the time, date, location and manner that such were made as well as the names of all individuals that have the originals or copies.

Answer:



8. State and describe all physical or mental impairments that you have and the nature of any accommodations that would be required for you to perform your former position with the Division of Child Support. Please include the name(s), address and telephone number of the health care professional(s) that has diagnosed the impairment and/or treated you for the same, and provide the source your information on any required accommodations.

Answer:

9. State and describe by gross amount and source all funds provided to you since 2000 and include the dates you first starting receiving such funds and the reasons the funds are provided to you.(e.g. salary, PIP benefits or disability payments)

Answer:

10. State and describe any efforts you have undertaken to seek or gain employment or other source of remuneration since leaving the Division of Child Support.

Answer:

11. Describe the Division of Child Support employment policy regarding persons with disabilities and discrimination based on age, gender, race, or disability.

Answer:

12. Regarding your employment history, list in chronological order the names of all your employers, location of the job, position or duties of position and inclusive periods of such employment to the present time.

Answer:

13. List in chronological order all of your formal education. Please include the name and address of each educational institution or school, the dates of your attendance and the degree(s) awarded.

Answer:

14. State and describe the circumstances of the termination of your employment with the Division of Child Support.

Answer:

15. If you are presently employed, please provide a detailed description of your daily work duties and how they differ (if they differ) from your daily work duties when you were employed with the Division of Child Support.

Answer:



STATE OF DELAWARE  
DEPARTMENT OF JUSTICE

/s/ Marc P. Niedzielski  
Marc P. Niedzielski (#2616)  
Deputy Attorney General  
820 North French Street, 6<sup>th</sup> Floor  
Wilmington, DE 19801  
(302) 577-8400  
Attorney for Defendant

DATED: September 5, 2006

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FOR THE DISTRICT OF DELAWARE**

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Plaintiff,	:	
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	:	
STATE OF DELAWARE,	:	
DIVISION OF CHILD SUPPORT,	:	
	:	
Defendant.	:	

**VERIFICATION OF JACQUELINE D. BERRY**

I, Jacqueline D. Berry, do hereby state under the penalty of perjury pursuant to 28 U.S.C. § 1746 do state as follows:

1. I am the Plaintiff in the above matter and I have reviewed my responses to Defendant's 1<sup>st</sup> Set of interrogatories.
2. The responses are true and accurate.

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Jacqueline D. Berry

**NOTICE OF SERVICE**

The undersigned certifies that on September 5, 2006, he caused two (2) copies of the Defendant's 1<sup>st</sup> Set of Interrogatories be served on the following person by regular U.S. Mail:

**NAME AND ADDRESS OF RECIPIENT(S):**

Jacqueline D. Berry 5018 Oak Pasture Lane Charlotte, NC 28269	
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STATE OF DELAWARE  
DEPARTMENT OF JUSTICE

/s/ Marc P. Niedzielski  
Marc P. Niedzielski, I.D. #2616  
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Carvel State Office Building  
820 N. French Street, 6<sup>th</sup> floor  
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